

**RHODE ISLAND DEPARTMENT OF HEALTH
CHILDHOOD LEAD POISONING PREVENTION PROGRAM**

**Public and Professional Health Education,
Health Promotion and Outreach Plan**

A resource to aid State Childhood Lead Poisoning
Prevention Programs in the design and implementation of
Statewide health education and outreach strategies.

March 2003



www.health.ri.gov/family/lead/home.htm

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INTRODUCTION

The development of this outreach/education plan began in 1998 and was built on the foundation of already existent strategies to inform, educate and reach professionals and the community. Community partners played an intricate part in the process of developing this plan.

The following definitions of Health Education and Health Promotion were used in the development of the Childhood Lead Poisoning Prevention Program's (CLPPP) plan:

Health Education:

Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health. (Green, Kreuter, Deeds, and Partridge, 1980).

Health Promotion:

Any combination of health education and related organizational, economic and environmental supports for behavior of individuals, groups, or communities conducive to health. (Green and Kreuter, 1991).

Health education programs need to be context-sensitive and culturally relevant, with clear objectives that respond to the needs of the target population. Education and awareness campaigns should be targeted at those families who are at highest risk for lead poisoning.

Health Communication Goals

- ❖ To maintain in the forefront of the public's mind the childhood lead poisoning issue;
- ❖ To encourage parents to take preventive measures;
- ❖ To promote the importance of annual lead screening for all children under six years of age;
- ❖ To promote the use of lead-safe practices during home renovations.

Health Education & Promotion Goals

- ❖ To inform, educate, and empower individuals and communities regarding childhood lead poisoning prevention issues, targeting the high-risk neighborhoods with oldest housing stock.
- ❖ To mobilize community partnerships to identify and address health problems.

This plan is a work in progress and will be revised and updated as needed.

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FRAMEWORK FOR POLICY/STRATEGY CREATION

This plan was developed using the ***Precede/Proceed Model*** framework developed by Lawrence Green and Marshal Kreuter.

Precede phase:

- ❖ Social Diagnosis:
Identifying general areas of concern in the target population.
 - Use of existing data:
 - needs assessment (media campaign)
 - RI Kids Count data
 - RI Office of Minority Health data
 - Analysis of data
 - Factors to consider:
 - change in population
 - working class population
 - lack of trust in state/government
 - different health priorities (access, coverage...)
 - Community involvement
- ❖ Epidemiological Diagnosis:
The delineation of the extent, distribution and causes of a health problem in a defined population
 - In 1998 59% - 80% of Rhode Island children were screened for lead poisoning, and of those one in ten had elevated blood lead levels ($\geq 10\mu\text{g/dL}$) (currently, approximately 80% of children are screened for lead poisoning, and approximately one in fourteen have elevated blood lead levels).
 - Deteriorating lead-based paint and lead-contaminated dust continue to be the main sources of lead hazards.
 - More than half of RI's 414,000 housing units are believed to have lead-based paint.
 - Of the 29 census tracts with the highest proportion of old housing (75% prior to 1950), 25 are in low-income urban neighborhoods.
 - While all children are at risk for lead poisoning, low-income children and children from different cultural backgrounds are most likely to be affected.
- ❖ Education & Organizational Diagnosis:
Selection of factors that, if modified, will most likely result in a behavior change.
 - Predisposing factors (prior to the behavior)
 - knowledge (low level of general knowledge of the dangers of lead poisoning, services provided and availability of services)
 - beliefs (RI population believes that lead is dangerous)
 - values
 - attitudes
 - Enablers (facilitate behavior)
 - accessibility (children's access to health insurance, primary care provider and medical

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- home)
 - availability (where to go for lead screening, lack of on-site laboratory at medical home)
 - skills
 - laws (RI Lead Poisoning Prevention Act: universal and mandatory lead screening)
- Reinforcers (after behavior)
 - family
 - peers
 - teachers
- ❖ Administrative & Policy Diagnosis
 - Prior to implementation, the assessment of:
 - Resources
 - Budget
 - Personnel
 - Timetable
 - Coordination with other partners and programs within the Department of Health

Proceed Phase

- ❖ Implementation (see page 4 on)
- ❖ Evaluation (process evaluation, impact evaluation and outcome evaluation)

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Resources

The health promotion work described in this document is made possible by the human resources in the following specialized programs and staff positions:

Parent Consultant Program:

Since 1997, the RI Department of Health's Lead Poisoning Prevention Program as well as other programs in the Division of Family Health has maintained a parent consultant. The Parent Consultant for the Lead Program serves as a bridge between the program and the community, helping to infuse community input and needs into the design and implementation of health promotion activities. The Parent Consultant is involved in outreach initiatives, including community presentations, parent-to-parent education, Lead Month planning, and store recruitment for the Keep It Clean Campaign. The Parent Consultant also participates in quality assurance efforts to obtain parental input that is used in policy development in various aspects of the program.

Outreach and Education Coordinator:

The Lead Program has a full-time staff member devoted to the design and implementation of a statewide health education and outreach plan related solely to lead poisoning prevention.

Nurse:

The Lead Program has a Nurse on staff that is responsible for outreach and education to the medical community, including pediatric, family and prenatal practitioners and those in training as well as preschool and school nurses and physicians. The program nurse also contributes a medical care perspective to health promotion activities.

Communications Unit (Division of Family Health):

Each Program within the Division of Family Health utilizes the expertise of the Communications Unit for the design of educational materials, materials distribution, event planning, media contact, etc. The Communications Unit also maintains and widely promotes the toll-free "Family Health Information Line", which receives approximately 100 calls related to lead per quarter. In addition, the Unit maintains the Distribution Center, which handles the storage and distribution of lead educational materials.

Communications Unit (Department of Health):

At the Department level, the Communications Unit oversees all significant contact with the media, including press releases, and also maintains the Lead Program's web page, www.health.ri.gov/family/lead/home.htm.

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AUDIENCE:

HEALTH CARE PROVIDERS

Health Care providers include pediatric, family and prenatal health care providers, medical residents and students, and preschool and school nurses and physicians.

STRATEGIES:

- ❖ Health Care Provider Outreach
- ❖ Lead Update
- ❖ Newly Licensed Health Care Providers Outreach
- ❖ Health Care Provider Education and Training Programs

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HEALTH CARE PROVIDER OUTREACH

Objective

To maintain and expand upon a comprehensive education/communication system to reach all health care providers in Rhode Island.

Target Audience

Pediatric and family practitioners; prenatal providers; pediatric nurse practitioners and nurses; physician assistants and other health care professionals involved in pediatric health care.

Strategy/Implementation

1. Ensure the continuous distribution of professional lead education to health care providers through collaboration with other Family Health programs (i.e., KIDSNET, WIC, Family Outreach Program and Immunization Program site visits, mailings, trainings and conferences).
2. Reach health care professionals during Lead Poisoning Prevention Month (in May) through mailings and/or site visits, and invite them to annual Awards Event.
3. Provide trainings and presentations for health care professionals on childhood lead poisoning prevention practices emphasizing the use of *Best Practices for Lead Screening* and the *Lead Screening and Referral Guidelines*. Target trainings at major teaching hospitals and resident physicians.
4. Offer and conduct technical assistance trainings following lead screening quality assurance reviews at pediatric sites emphasizing the use of *Best Practices for Lead Screening* and the *Lead Screening and Referral Guidelines*.

Frequency

Ongoing

Evaluation/Outcome

Number of trainings/presentations conducted.

Number of providers reached through mailings.

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LEAD UPDATE

Objective

To maintain regular communication with professional and community partners regarding a variety of issues related to lead poisoning, new services available, referral mechanisms, lead data, policies, procedures, and new program initiatives.

Target Audience

Medical providers, school nurse teachers, community-based agencies, lead educators, lead centers, Medicaid, and other professionals and state stakeholders.

Strategy/Implementation

Produce and distribute (by mail, fax and e-mail) the Lead Update and to post all publications on the web site.

Frequency

Bi-monthly issue of Update or more frequently, if needed.

Evaluation/Outcome

Number of Updates issued annually

Feedback obtained by surveying recipients of the Lead Update regarding content, layout and usefulness of this method of communication.

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NEWLY LICENSED HEALTH CARE PROVIDERS OUTREACH

Objective

To inform and educate health care providers newly licensed by the state medical licensure program about childhood lead poisoning prevention practices, guidelines and referrals for lead screening, available data, resources and public and professional educational materials.

Target Audience

Newly licensed pediatric and family practitioners including pediatric nurse practitioners and physician assistants who are required to be licensed by the State Medical Licensure Program.

Strategy/Implementation

Prepare and distribute "Welcome to HEALTH Children's Preventive Services" letter and a "Standard Packet of Information" to include:

- Lead Screening and Referral Guidelines (original & pocket size)
- Lead Data Booklet, most recent edition
- Understanding Rhode Island's Lead Poisoning Prevention Law
- Best Practices for Lead Screening Document
- EPSDT Schedule
- Lead Education Materials Order Form
- Rhode Island Department of Health Guidebook

Frequency

Quarterly mailings.

Evaluation/Outcome

Number of newly licensed health care providers reached through this effort.

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HEALTH CARE PROVIDER EDUCATION AND TRAINING PROGRAMS

Objective

To collaborate with colleges and health career training programs for the facilitation and/or provision of lead education/awareness trainings and lead education materials.

Target Audience

Brown University medical students, hospital residents at Hasbro Children's Hospital and Memorial Hospital, and nursing students.

Strategy/Implementation

1. Facilitate annual distribution of pocketsize *Lead Screening and Referral Guidelines* to:
 - Target 3rd & 4th year medical students at Brown University
 - Through the Service Learning Project
 - Annual fall delivery to Brown mailroom for placement in student mailboxes.
 - Residents at Hasbro Children's and Memorial Hospitals through resident training programs.
2. Conduct lead trainings, (using a Power Point presentation designed for health care providers) to students and residents. Distribute standard packet of information to each participant.

Frequency

Ongoing

Evaluation/Outcome

Number of students reached through mailing.

Number of trainings/presentations annually and number of participants for each.

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AUDIENCE:

PARENTS/CHILDREN/GENERAL PUBLIC

STRATEGIES:

- ❖ **Media Campaign**
- ❖ **Materials Distribution to Traditional and Non-Traditional Locations**
- ❖ **Door-to-Door Education and Evaluation**
- ❖ **Coloring/Drawing Contest**
- ❖ **Clean Right/Eat Right Project**

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MEDIA CAMPAIGN

Objective

To maintain in the forefront of the public's mind the childhood lead poisoning issue
To encourage parents to take preventive measures
To promote the importance of lead screening for all children under six years of age

Target Audience

General public; parents of young children

Strategy/Implementation

Conduct an integrated media campaign during Rhode Island Lead Poisoning Prevention Month (in May) using at least two mass communication channels (such as bus cards, radio, TV, PR training Spanish/English), all using the same messages (Lead is Danger, Get Your Child Tested and For More Information Use the 1-800 Number).

Frequency

Annually (as resources allow), in May.

Evaluation/Outcome

Monitoring the Family Health Information Line (1-800 Number) regarding most frequently asked questions; caller profile records.

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**LEAD EDUCATION AND AWARENESS MATERIALS DISTRIBUTED TO
TRADITIONAL AND NON-TRADITIONAL LOCATIONS**

Objective

To conduct a statewide outreach effort to ensure that lead information is provided at “natural” community locations visited by families. This effort uses both direct outreach and ongoing mailing techniques.

Target Audience

Parents and general public served by laundromats, convenience stores, food stores, libraries, food and clothes pantries, churches, community based agencies, schools, day care centers.

Strategy/Implementation

A mailing is conducted containing an introduction letter, posters, brochures, and a *Lead Education Materials Order Form*. A follow-up phone call is made to evaluate the need for more information and/or training.

Frequency

Ongoing effort. Each month a different specific group is targeted (for example, April being Minority Health Month, the program targets agencies working with groups from different cultural backgrounds).

Evaluation/Outcome

Survey to assess number of localities displaying lead information

Number of localities that request additional information

Number of phone calls to the Family Health 1-800 number requesting more information as a result of receiving the direct mailing.

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DOOR-TO-DOOR EDUCATION AND EVALUATION PROGRAM

Objective

To assess the program's effectiveness in the area of health education.

The Door-to-Door Education and Evaluation Program, through the Community Assessment Survey, is unique in that its design and approach are tailored to meet the ongoing information needs of both clients and the CLPPP. The door-to-door program offers education and, when needed, links to services for the hard to reach, high-risk target population. The survey also provides a baseline assessment of the Lead Program's penetration in Rhode Island's low-income urban areas and helps the Program determine intervention opportunities.

Target Audience

Parents of young children living in low-income urban areas.

Strategy/Implementation

1. Hire and train college students to conduct a door-to-door education program in high-risk neighborhoods, distributing and explaining "Lead is Danger", "Tips for Parents" and "RI Lead Poisoning Prevention Act" brochures.
2. Each home visit includes a "pre-screening" activity: client is asked if all children under the age of six living in the house have been screened for lead and about their insurance status. For each identified case of non-screening, and based on the insurance information, the family is referred to either the primary care physician or to the summer screening program.
3. At each home visit two surveys are completed:
 - The *Community Assessment Survey* is used to assess family health levels of understanding and needs.
 - The *Data/Demographic Survey* is used to collect data and demographic information from the client.

Frequency

Every 5 years.

Door-to-Door home visits are done during the summer months of June and July.

Data entry takes place during the month of August.

Data analysis takes place during the months of November and December.

Evaluation/Outcome

Number of home visits.

Number of non-screened children referred for screening and subsequently tested.

Number of packages of information distributed.

Number of Community Assessment Surveys and Data/Demographic Surveys completed.

Percent of parents surveyed that are able to recognize the Family Health 1-800 number and recall the two key messages "Lead is Danger" and "Test Your Child".

Percent of parents able to recall at least 50% of the preventive measures described in the "Tips for Parents" brochure.

Production of a report with a profile of the target communities.

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COLORING CONTEST & DRAWING CONTEST

Objective

To increase children's awareness of the dangers of lead poisoning and the easy steps they can take to help prevent them.

To increase parent and teacher awareness through the activities of children.

To strengthen local partnerships regarding awareness activities.

Target Audience

Elementary and Junior High Schools. Children between the ages of 5 and 12 are eligible to enter the contest.

Strategy/Implementation

1. A mailing (containing: contest rules, entry form, return address labels, children's drawing labels, as well as various educational materials and an educational materials Order Form) is sent out to all School Nurse Teachers in the state inviting their schools to participate. The deadline for receipt of entries is set about three months after the mailing is sent out.
2. Children are encouraged to draw a picture showing how they can identify lead hazards, make their homes lead safe and protect themselves and their siblings. Posters can be drawn with crayons, magic markers, pencils, pens, or paint. All entries must be between 8.5" x 11" and 22" x 28". Entrants can submit more than one entry. A completed entry form must accompany each entry. (The Rhode Island Department of Health does not assume any responsibility for any submission. Posters submitted for the contest become the property of the Rhode Island Department of Health.)
3. Every entrant receives a certificate of recognition.
4. The three best entries in each category (5-year-old group, 6-to 8-year-old-group and 9-to 12-year-old-group) are selected by the CLPPP Management Team to be recognized during the Lead Month Awards Event.
5. The children's artwork is displayed at the Department of Health, City Hall or other buildings open to the public.

Frequency

Annually, February to April; Awards are presented in May.

Evaluation/Outcomes

Number of participating students and schools.

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CLEAN RIGHT, EAT RIGHT PROJECT

Objective

To increase parents knowledge of lead-related nutrition tips and preventive cleaning techniques through a community-based education program.

Target Audience

Parents and caretakers of children under the age of six, parents-to-be, pregnant women.

Strategy/Implementation

1. "Health Promoters" identify a house party hostess and gather a group of at least five parents to offer an educational session on nutrition tips and a hands-on demonstration of cleaning techniques to prevent lead poisoning.
2. By using local and recognized neighborhood health promoters, the program assures that they are trusted members of the community and that they will be able to deliver linguistically and culturally appropriate educational sessions.
3. Bucket, mops, gloves, TSP and duct tape are provided to each participant. Also, a gift certificate for refreshments is offered to the party hostess.
4. Conduct pre- and post-quizzes at the beginning and end of the session to assess change in lead-related knowledge.
5. Attendees are asked to fill out a form with their children's names and dates of birth. A review of the blood lead levels of those children and any changes thereof after the educational session is conducted.

Frequency

Ongoing, or as funding allows.

Evaluation/Outcomes

Number of sessions conducted.

Pre and post quiz findings.

Review of children's blood lead levels pre and post educational session.

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AUDIENCE:

PROFESSIONALS

STRATEGIES:

- ❖ **Train the Trainers**
- ❖ **Community Presentations and Seminars**
- ❖ **Day Cares, Preschools and Schools (Lead Screening Entry Requirement Reminders)**

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TRAIN THE TRAINERS

Objective

To increase the number and level of commitment of the statewide network of lead educators by offering a training program that addresses adult education techniques.

Target Audience

Health education and outreach workers and other professionals from community based agencies and organizations working with families and young children.

Strategy/Implementation

1. Offer two sessions (35 hours each) of the Train the Trainers program per year (spring and summer) as an in-service training to community agencies conducting public education.
2. Training includes:
 - Identifying the audience
 - Setting goals and objectives for the training
 - Collecting information about the different topics on lead, such as:
 - Sources of lead exposure
 - Symptoms and effects of lead poisoning
 - Methods to prevent lead poisoning
 - Level of public awareness/knowledge of lead poisoning; common misconceptions
 - Delivering the presentation
 - Receiving feedback from the group as to presentation techniques
3. Each Train the Trainers graduate must conduct at least 7 presentations/workshops about lead poisoning in the 12 months following the training, and reports to the CLPPP about outcomes and experiences.
4. Offer sessions of the Train the Trainers program to paraprofessionals (social workers, case managers, and family workers).
5. Maintain ongoing network of Train the Trainers graduates through quarterly meetings.

Frequency

Two sessions per year (in-service or multi-agency staff) and as funding allows. Quarterly meetings with Train the Trainers graduates for continuing technical assistance and networking.

Evaluation/Outcome

Survey of all Train the Trainers graduates to monitor the fulfillment of the minimum amount of community presentations and active status as a lead educator.

Feedback received at quarterly meetings with graduates.

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COMMUNITY PRESENTATIONS AND SEMINARS

Objective

To inform, educate and empower individuals and communities regarding childhood lead poisoning prevention.

To create a body of educated citizens who are able to disseminate correct and thorough lead poisoning prevention information.

Target Audience

General population, program partners (school departments, Parent Support Organizations, community agencies and organizations working with minority populations, Head Start programs, other community-based organizations, libraries, and churches).

Strategy/Implementation

1. Lead educator or parent consultant with the CLPPP conducts community presentations and seminars (culturally and linguistically appropriate) as requested and as a response to an identified need.
2. Disseminate lead educational materials at the presentation/seminar.

Frequency

Ongoing

Evaluation/Outcome

Number of requests.

Percent of participants able to recognize the Family Health 1-800 Number and recall the two key messages "Lead is Danger" and "Test your Child".

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**DAY CARES, PRESCHOOLS AND SCHOOLS
(LEAD SCREENING ENTRY REQUIREMENT REMINDERS)**

Objective

To assist health care professionals and agencies involved in ensuring compliance with lead screening requirements for school entry by identifying barriers to appropriate documentation of lead screening.

Target Audience

Department of Education, Department of Children, Youth and Families, Head Start Programs, preschool and school nurse teachers, school physicians, school administrators and day care directors.

Strategy/Implementation

1. Distribute to preschool and schools an annual reminder letter and *Frequently Asked Questions and Answers about Lead Screening Entry Requirements for Preschools and Schools*.
2. Provide update/review of school entry requirements as needed at Annual School Nurse Teacher Conference.
3. Work with the Immunization Program to ensure collection of lead screening assessment data from the Annual School Immunization Survey.
4. Work with the KIDSNET program, or state's birth/immunizations registry, to facilitate access for school nurses to lead screening information through access to KIDSNET.

Frequency

Annually

Evaluation/Outcome

Number of schools reached through mailings and School Nurse Teacher Conference.
Log of questions/concerns expressed by target audience used to revise educational materials, as needed.

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AUDIENCE:

LEGISLATORS/DECISION MAKERS

STRATEGIES:

- ❖ **Lead Poisoning Prevention Month**
- ❖ **Educate the Legislators**

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RHODE ISLAND LEAD POISONING PREVENTION MONTH

Objective

To promote and coordinate a statewide education effort to increase awareness of the dangers of lead poisoning. This is accomplished by promoting the month of May as Lead Poisoning Prevention Month and engaging all lead stakeholders in the promotion of educational activities and publicity events to reach Rhode Islanders of all ages, including but not limited to professionals, parents, advocates and schools.

Target Audience

General population, legislators, statewide program partners.

Strategy/Implementation

1. Statewide effort in partnership with community based agencies, schools, and the medical community to raise awareness of lead poisoning. Activities by community partners have included: workshops, media events, round tables, video presentations, informational meetings, drawing contests and health fairs.
2. All agencies and organizations are invited to organize health promotion and education activities.
 - Mailing sent in January to all partners includes Activity Form and Materials Order Form
 - Calendar of Activities is developed and distributed statewide at the end of April, and also posted on the web, including weekly updates.
3. Medical Providers Outreach
 - Prepare "Outreach Package": Lead Screening Guidelines, Lead Order Form, most recent Lead Update, Lead Month Calendar of Activities, Lead Awards Event invitation, Lead Data booklet, Lead poster and sample of other educational materials.
 - Lead Program staff visits health care providers' practices to emphasize the use of the lead screening guidelines, offer program updates and to answer questions.
4. An Awards Event is held recognizing our partners in lead poisoning prevention, including:
 - Lead Month Excellence Awards (for those achieving their third consecutive year of participation)
 - Lead Screening Excellence Awards (for those achieving lead screening rates of 96% or greater and for those achieving excellence in their lead screening procedures)
 - Special Excellence in Public Health Promotion Award
 - Keep It Clean Excellence Awards (for participating hardware and paint stores)
 - Lead Drawing/Coloring Contest Awards

Frequency

Annually, in May.

Evaluation/Outcomes

Number of organizations planning activities; diversity and content of activities.

Awards Event evaluation form (given out and collected at the Event).

Results of survey to participating organizations.

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EDUCATE THE LEGISLATORS/DECISION MAKERS

Objective

To provide legislators and other decision-makers in core cities (those with a high prevalence of lead poisoning) with accurate and community-specific information, allowing them to make informed decisions.

To mobilize community partners to identify and address lead-related and other health problems.

Target Audience

Legislators and other local decision-makers (such as state representatives, city council members, the Mayor, etc.)

Strategy/Implementation

1. Development, in partnership with the Housing Resources Commission (RI's housing agency), of a binder of city-specific data and best practices to include at least the following sections:
 - City Lead and Housing Data
 - Understanding the Data
 - State Standards
 - Screening: Best Practices
 - Housing: Best Practices
 - Information and Resources
 - Lead Update
2. Organization of the Event in conjunction with a city partner (often in the Office of Development of the city or locality involved) to include:
 - Invitation to Legislators
 - Event planning
 - Press release
3. Event:
 - Distribution of binders to all legislators by the Director of the Department of Health
 - Speaker (of prominence and knowledgeable about lead)
 - Location of significance to lead issues in the city (e.g. a recently lead-abated house)

Frequency

Ongoing, one community at a time.

Evaluation/Outcome

Results of survey to all recipients of Community Resource Binder.

Number of binders distributed.

Number of cities involved in this effort (long-term).

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AUDIENCE:

HARDWARE STORES/DO-IT-YOURSELFERS

STRATEGIES:

- ❖ **Keep It Clean Campaign**

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KEEP IT CLEAN CAMPAIGN

Objective

To increase the level of awareness regarding lead-safe home renovation practices by increasing the number of stores participating in the Keep It Clean Campaign and by educating the consumer through one-on-one customer interaction and educational materials dissemination.

Target Audience

Hardware and paint stores staff, homeowners, do-it-yourselfers and other clients buying supplies at hardware stores.

Strategy/Implementation

1. This regional effort targets hardware and paint stores in New England. A partnership agreement between local stores and the Lead Program is signed prior to participation. As part of the agreement, staff from the stores is trained on lead-safe renovation practices and materials.
2. Educational materials (KIC brochures) and incentives (KIC carpenter pencils) are distributed at the stores at checkout points.
3. Media coverage is also part of this campaign. A press release is sent to all local newspapers for the campaign's kickoff.
4. Parent Consultant from the Lead Program offers to set up an information table at the entrance of the participating stores, thus promoting a "Healthy Day at the Hardware Store" during the busiest hours of a spring weekend. Educational materials and incentives are distributed to all shoppers, and KIC messages are emphasized.

Frequency

Annually, from March through June.

Evaluation/Outcome

Number and geographic distribution of participating stores

Change in number of enrolled stores from preceding years.

Survey to be conducted at each participating store to evaluate the level of knowledge of staff and consumers.

Number of articles/broadcasts placed in the media.

Number of requests for more information after receiving the "Keep It Clean" brochure.